

Statement of Earnings Details

Print

Close

Employee Details

Employee ID	10347127
Name	Patrick Gerald Kenne
Home Address	P.O. Box 280281 Northridge, CA 9132
Company	Circuit City Stores West, Inc.
Payroll Address	7201 Hewitt Associates Drive Charlotte, NC 28262 1 (800) 288-6353
Business Unit	USANA
Department	041900 - Woodland Hills SS
Location	Woodland Hills SS

Payroll Details

Pay Group	HLS - WC Hourly
Pay Begin Date	May 24, 2007
Pay End Date	Jun 06, 2007
Advice #	2402893
Pay Date	Jun 14, 2007

Tax Details

CA Tax Marital Status	Single, or Marri
CA Allowances	1
CA Addl Withholding	
Federal Tax Marital Status	Single
Federal Allowances	1
Federal Addl Withholding	

Hours & Earnings

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Average Double Time	11.50	9.25	106.38	25.5	287.88
Average Overtime	5.75	52.00	299.01	218.25	1,226.26
Regular Hourly	11.50	141.25	1,624.38	1161.75	12,950.02
Prior Year PTO			0.00	2.25	24.75
Discretionary Bonus			0.00	0	178.07
Meeting			0.00	2	22.00
PTO Hours Adjustment			0.00	4	44.00
Total Earnings		202.50	2,029.77	1413.75	14,688.98

Before Tax Deductions

Description	Current	YTD
Employee Dental	6.37	76.44
Total	6.37	76.44

Taxes

Description	Current	YTD
Fed Withholding	314.58	1,730.77
Fed MED/EE	29.34	211.88
Fed OASDI/EE	125.45	905.98
CA Withholding	90.61	388.11
CA SDI FTDI	12.15	87.68
Total Taxes	572.13	3,324.42

After Tax Deductions

Description	Current	YTD
Total	0.00	0.00

Imputed Income

Current	0.00
YTD	0.00

PTO Plans

Description	Balance
Current Year (CY) PTO	
+ Earned:	74.76
- Taken:	0.00
Ending Balance	74.76
Prior Year (PY) PTO	
+ Earned:	0.00
- Taken:	2.25
Ending Balance	39.87

	Total Gross	Federal Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	2,029.77	2,023.40	572.13	6.37	1,451.27
YTD	14,688.98	14,612.54	3,324.42	76.44	11,288.12

Statement of Earnings Details

EXHIBIT F-2011

Print Close

Employee Details

Employee ID	10347127
Name	Patrick Gerald Kenne
Home Address	P.o. Box 280281 Northridge, CA 9132
Company	Circuit City Stores West, Inc.
Payroll Address	7201 Hewitt Associates Drive Charlotte, NC 28262 1 (800) 288-6353
Business Unit	USANA
Department	041900 - Woodland Hills SS
Location	Woodland Hills SS

Payroll Details

Pay Group	HLS - WC Hourly
Pay Begin Date	Jun 07, 2007
Pay End Date	Jun 20, 2007
Advice #	2421612
Pay Date	Jun 28, 2007

Tax Details

CA Tax Marital Status	Single, or Marri
CA Allowances	1
CA Addl Withholding	
Federal Tax Marital Status	Single
Federal Allowances	1
Federal Addl Withholding	

Hours & Earnings

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Average Double Time	11.50	12.00	138.01	37.5	425.89
Average Overtime	5.75	39.75	228.56	258	1,454.82
Regular Hourly	11.50	131.75	1,515.13	1293.5	14,465.15
Prior Year PTO			0.00	2.25	24.75
Discretionary Bonus			0.00	0	178.07
Meeting			0.00	2	22.00
PTO Hours Adjustment			0.00	4	44.00
Total Earnings		183.50	1,881.70	1597.25	16,570.68

Before Tax Deductions

Description	Current	YTD
Employee Dental	6.37	82.81
Total	6.37	82.81

Taxes

Description	Current	YTD
Fed Withholding	277.56	2,008.33
Fed MED/EE	27.19	239.07
Fed OASDI/EE	116.27	1,022.25
CA Withholding	76.84	464.95
CA SDI FTDI	11.25	98.93
Total Taxes	509.11	3,833.53

After Tax Deductions

Description	Current	YTD
Total	0.00	0.00

Imputed Income

Current	0.00
YTD	0.00

PTO Plans

Description	Balance
Current Year (CY) PTO	
+ Earned:	87.54
- Taken:	0.00
Ending Balance	87.54
Prior Year (PY) PTO	
+ Earned:	0.00
- Taken:	2.25
Ending Balance	39.87

	Total Gross	Federal Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	1,881.70	1,875.33	509.11	6.37	1,366.22
YTD	16,570.68	16,487.87	3,833.53	82.81	12,654.34

Transmission Log

8511

No Station Name

Wednesday, 2007-05-09 23:59

No Station Number

Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
10935	2007-05-09	23:59	0:45	14400	Hewitt Associates	SCAN	1	OK -- V.17 AM11

I SENT THIS W EARLIER BUT YOU CHANGED THE FAX #
AND NO EMPLOYEES WERE NOTIFIED AND ITS NOT WORKING!

CIRCUIT CITY		HOURLY TIME SHEET		283268									
Fax Timesheet to: (281) 298-0845		NAME: <u>PATRICK KENNEDY</u>		JOB TITLE: <u>CSA</u>									
SOCIAL SECURITY # <u>554-87-8008</u>		LOCATION # <u>0419</u>		PERIOD ENDING <u>MARCH 28TH 2007</u>									
DAYS	DATE	IN	OUT	IN	OUT	REG	OT	PTO	FUNER	REMOD	WEATH	MISC	TOTAL
THU													
FRI													
SAT													
SUN													
MON	3-19-06	7:00	4:00										
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													

MANAGER'S COMMENTS	BI-WEEKLY TOTAL
Weekly Project These are promotions for enclaves delaying as employees pay for my project!	

EMPLOYEE PRINTED NAME	MANAGER'S PRINTED NAME	DATE
<u>Patrick Kennedy</u>	<u>John Stoltz</u>	<u>3-29-07</u>
EMPLOYEE SIGNATURE	MANAGER'S SIGNATURE	
<u>[Signature]</u>	<u>[Signature]</u>	

I HEREBY CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED BY ME DURING THE INDICATED PERIOD.

MAKE SURE THIS IS ON MY NEXT CHECK OR INVOICED TO ME ASAP!!

Transmission Log

No Station Name

Thursday, 2007-05-10 00:03

No Station Number

Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
10936	2007-05-10	00:02	0:27	26400	Fax Server	SCAN	1	OK -- V.34 AM11

I SENT THIS W EARLIER BUT YOU CHANGED THE FAX #
AND NO EMPLOYEES WERE NOTIFIED AND ITS NOT ONLINE!

CIRCUIT CITY		HOURLY TIME SHEET											
Fax Timesheet to (281) 298-0845		NAME: <u>PATRICK KENNEDY</u> JOB TITLE: <u>CSA</u>											
SOCIAL SECURITY # <u>554-87-8008</u>	LOCATION # <u>0419</u>	PERIOD ENDING <u>MARCH 28TH 2007</u>											
DAYS	DATE	IN	OUT	IN	OUT	REG	OT	PTO	FUNER	REMOD	WEATH	MISC	TOTAL
THU													
FRI													
SAT													
SUN													
MON	3-19-07	12:00	4:00										
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													

MANAGER'S COMMENTS		BI-WEEKLY TOTAL	
<p>WORK, PROJECT THAT ARE PROBLEMS FOR CUSTOMER DEALING AS EMPLOYEES PAY FOR MY PERSONAL!</p>		<p>EMPLOYEE PRINTED NAME: <u>PATRICK KENNEDY</u> EMPLOYEE SIGNATURE: <u>[Signature]</u> DATE: <u>3-29-07</u></p>	
<p>MANAGER'S PRINTED NAME: <u>John Stokely</u> MANAGER'S SIGNATURE: <u>[Signature]</u> DATE: <u>3-29-07</u></p>		<p>HEREBY CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED BY ME DURING THE INDICATED PERIOD.</p>	

MAKE SURE THIS IS ON MY NEXT CHECK OR MAILED TO ME ASAP!!

Direct any correspondence to:

LABOR COMMISSIONER, STATE OF CALIFORNIA

Department of Industrial Relations

Division of Labor Standards Enforcement

6150 Van Nuys Boulevard, Room 206

Van Nuys, CA 91401

Tel: (818) 901-5315 Fax: (818) 901-5307

PLAINTIFF: Patrick Gerald Kennedy
P. O. Box 280281
Northridge, CA 91328-0281

DEFENDANT: Circuit City Stores, Inc.
9950 Mayland Drive
Richmond, VA 23233



State Case Number

17 - 48252 SJ

NOTICE OF CLAIM FILED

A notice of your claim has been mailed to the above named defendant.

Your complaint was described as follows:

Meal period premiums pursuant to Industrial Welfare Commission Order No. 7, Section 11 for 100 days at the rate of \$11.50 per day during the period from 2/2/06 to 6/21/06, claiming \$1,150.00.

Rest period premiums pursuant to Industrial Welfare Commission Order No. 7, Section 12 for 140 days at the rate of \$11.50 per day during the period from 2/2/06 to 6/21/06, claiming \$1,610.00.

Overtime premium wages pursuant to Section 3 of the Industrial Welfare Commission as follows: at \$17.25 per hour (one-half the regular rate of pay); at \$23.00 per hour (double the regular rate of pay). Total Claimed \$2,300.00.

TOTAL CLAIMED = \$5,060.00

☐ and also alleging additional wages accrued pursuant to Labor Code Section 203 as a penalty at the rate of per day until paid, but not to exceed thirty days.

☐ and also alleging additional wages accrued pursuant to Labor Code Section 203.1, as a penalty of per day for issuance of an insufficient payroll check for an indeterminate number of days not to exceed thirty days.

In addition you may be subject to penalties due to the State of California, which may be assessed pursuant to Labor Code Section 210.

This claim may be settled immediately by mailing to this office a check or money order made payable to the **Plaintiff**. If the claim is disputed your employer will submit a written statement **in duplicate** of the facts and include payment of any amount conceded due, **plus penalties**. Payment must be accompanied by a separate or detachable itemized statement of any deductions made as provided by the Labor Code. No payroll deductions will be made from the amounts paid as penalties but you must report this amount as income.

We requested a written reply, in duplicate, to this letter within 10 days from the date below.

If this claim is not settled, it will be resolved as provided by Section 98 of the California Labor Code.

DATED: February 27, 2008

Susan Johnson
818-901-5308

Deputy Labor Commissioner

PLEASE MAKE SURE HOURS ARE WRITTEN IN THE MARCH 2011 PAYCHECKS

CIRCUIT CITY
 Fax Timesheet to:
 (281) 298-0845

HOURLY TIME SHEET
 2008

NAME: Patrick Kennedy **JOB TITLE:** CNA

SOCIAL SECURITY # 554-87-8008 **LOCATION #** 0419 **PERIOD ENDING** MARCH 12TH 08

DAYS	DATE	IN	OUT	IN	OUT	IN	OUT	REG	OT	PTO	FUNER	REMCD	WEATH	MISC	TOTAL
THU															
FRI															
SAT															
SUN															
MON	3-3-08	12:00	2:00												
TUE															
WED															
THU															
FRI															
SAT															
SUN															
MON															
TUE															
WED															

MANAGER'S COMMENTS
 PLEASE MAKE SURE THIS IS TAKEN CARE OF. A LOT OF TIMES WHEN THINGS HOURS ARE FAXED IN THEY ARENT TAKEN CARE OF FOR MONTHS IF AT ALL. THANKS 2-Hours only

BI-WEEKLY TOTAL

EMPLOYEE PRINTED NAME Patrick Kennedy
EMPLOYEE SIGNATURE [Signature]

MANAGER'S PRINTED NAME Dan Particeff
MANAGER'S SIGNATURE [Signature]
DATE 3-13-08

HEREBY CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED BY ME DURING THE INDICATED PERIOD.

Transmission Log

No Station Name

Thursday, 2008-03-13 11:19

No Station Number

Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
16618	2008-03-13	11:19	0:29	26400	Hewitt - WD83XP1	SCAN	1	OK -- V.34 AM11

PLEASE MAKE SURE HOURS ARE WRITTEN IN THE MARCH 20th PAYCHECK

2008

HOURLY TIME SHEET

NAME: FRANK KENNEDY JOB TITLE: CSA

SOCIAL SECURITY #: 554-87-8008 LOCATION # 049 PERIOD ENDING MARCH 12TH 06

DAYS	DATE	IN	OUT	IN	OUT	REG	OT	PTO	FUNER	REMOD	WEATH	MISC	TOTAL
THU													
FRI													
SAT													
SUN													
MON	3-3-08	12:00	2:00										
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													

BI-WEEKLY TOTAL

MANAGER'S COMMENTS: Please make sure this is taken care of. A lot of times with things, hours are FAXED in then aren't taken care of for months if at all. 2 hours only

EMPLOYEE PRINTED NAME: FRANK KENNEDY

EMPLOYEE SIGNATURE: [Signature]

MANAGER'S PRINTED NAME: [Signature]

MANAGER'S SIGNATURE: [Signature]

DATE: 3-13-07

I HEREBY CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED BY ME DURING THE INDICATED PERIOD.

Transmission Log

No Station Name

Wednesday, 2007-04-18 15:05

No Station Number

Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
10478	2007-04-18	15:04	0:45	14400	Hewitt Associates	SCAN	1	OK -- V.17 AM11

PLEASE FAX ME BACK AT (818) 888-7085

HOURLY TIME SHEET

CIRCUIT CITY
Fax Timesheet to
(818) 298-0845

NAME: Patricia JOB TITLE: CSA

SOCIAL SECURITY # 554-87-8203 LOCATION # 0419 PERIOD ENDING 4-11-07

DAYS	DATE	IN	OUT	IN	OUT	REG	OT	PTO	FUNER	REMOD	WEATH	MISC	TOTAL
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													

MISSING 6 HOURS THAT WERE FAXED IN 2 WEEKS AGO

WORKED MORE 7 DAYS IN A ROW SHOULD BE ALL OVERTIME

MANAGER'S COMMENTS: WORKED MORE THAN 7 DAYS IN A ROW THIS DAY IS SUPPOSED TO BE ALL OVERTIME - PLEASE CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED BY ME DURING THE INDICATED PERIOD

EMPLOYEE PRINTED NAME: Patricia Hewitt MANAGER'S PRINTED NAME: Patricia Hewitt

EMPLOYEE SIGNATURE: Patricia Hewitt MANAGER'S SIGNATURE: Patricia Hewitt

DATE: 4-18-07

BI-WEEKLY TOTAL

Statement of Earnings Details

EXHIBIT G-2011

Print Close

Employee Details

Employee ID	10347127
Name	Patrick Gerald Kenne
Home Address	P.o. Box 280281 Northridge, CA 9132
Company	Circuit City Stores West, Inc.
Payroll Address	7201 Hewitt Associates Drive Charlotte, NC 28262 1 (800) 288-6353
Business Unit	USANA
Department	041900 - Woodland Hills SS
Location	Woodland Hills SS

Payroll Details

Pay Group	HLS - WC Hourly
Pay Begin Date	Jun 21, 2007
Pay End Date	Jul 04, 2007
Advice #	2440471
Pay Date	Jul 12, 2007

Tax Details

CA Tax Marital Status	Single, or Marri
CA Allowances	1
CA Addl Withholding	
Federal Tax Marital Status	Single
Federal Allowances	1
Federal Addl Withholding	

Hours & Earnings

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Average Overtime	5.75	7.00	40.25	265	1,495.07
Regular Hourly	11.50	38.25	439.88	1331.75	14,905.03
Paid Time Off	11.50	8.13	93.50	8.13	93.50
Prior Year PTO	11.50	39.87	458.51	42.12	483.26
Average Double Time			0.00	37.5	425.89
Discretionary Bonus			0.00	0	178.07
Meeting			0.00	2	22.00
PTO Hours Adjustment			0.00	4	44.00
Total Earnings		93.25	1,032.14	1690.5	17,602.82

Before Tax Deductions

Description	Current	YTD
Employee Dental	6.37	89.18
Total	6.37	89.18

Taxes

Description	Current	YTD
Fed Withholding	104.60	2,112.93
Fed MED/EE	14.88	253.95
Fed OASDI/EE	63.60	1,085.85
CA Withholding	17.66	482.61
CA SDI FTDI	6.15	105.08
Total Taxes	206.89	4,040.42

After Tax Deductions

Description	Current	YTD
Total	0.00	0.00

Imputed Income

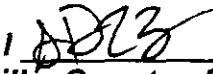
Current	0.00
YTD	0.00

PTO Plans

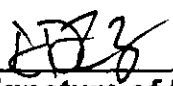
Description	Balance
Current Year (CY) PTO	
+ Earned:	91.25
- Taken:	8.13
Ending Balance	83.12
Prior Year (PY) PTO	
+ Earned:	0.00
- Taken:	42.12
Ending Balance	0.00

	Total Gross	Federal Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	1,032.14	1,025.77	206.89	6.37	818.88
YTD	17,602.82	17,513.64	4,040.42	89.18	13,473.22

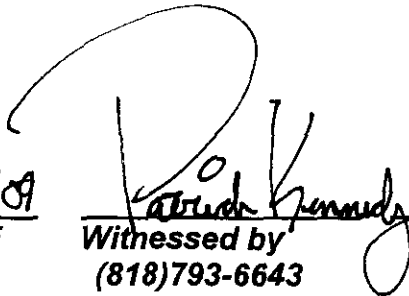
Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

1.  / Arun Dillon (Declarant), am a resident of Woodland Hills, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (2007-2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,


Signature of Declarant
(818) 620-4925
ray_da_rat@yahoo.com

1/11/09
DATE


 (818) 793-6643
Witnessed by
patgenken@yahoo.com

1-11-09
DATE

EXHIBIT I-2011

F

Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

I  / John Murphy (Declarant), am a resident of Woodland Hills, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (2007-2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,

 01/13/09
Signature of Declarant DATE
(818) 642-6557
govmentdog@yahoo.com


 1-13-09
Witnessed by DATE
(818) 793-6643
patgenken@yahoo.com

EXHIBIT J-2011

Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

I Melanie Finch Melanie Finch (Declarant), am a resident of Woodland Hills, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (2007-2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,

Melanie Finch 1/13/09
Signature of Declarant DATE
(818) 497-2751
mfinch88@yahoo

Patricia Gerald Genney 1-13-09
Witnessed by DATE
(818) 793-6643
patgenken@yahoo.com

Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

I Patricia Shapiro / Patricia Shapiro (Declarant), am a resident of Thousand Oaks, County of Ventura, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (2007-2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,

Patricia Shapiro
Signature of Declarant
(818) 456-6589
patty.shapiro@gmail.com

1/13/09
DATE

Patricia Shapiro
Witnessed by
(818)793-6643
patgenken@yahoo.com

1-13-09
DATE

EXHIBIT L-2011

Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

I Patrick Gerald Kennedy Patrick Gerald Kennedy (Declarant), am a resident of Northridge, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (OCT 2006-JULY 2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. Management even went so far as to illegally alter employee time clocks to show they had taken a lunch when in fact they had not been able to. They have also refused to furnish me and my co workers with copies of our time sheets and/or other paperwork that would prove wrong doing on their part and this illicit behavior continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,

Patrick Gerald Kennedy 1-12-09

Signature of Declarant DATE

(818) 793-6643

patgenken@yahoo.com

Deborah Fada 1/13/09

Witnessed by DATE

13:12:44 04/19/07

TIMESHEET

KENNEDY PATRICKG LOC: 419 SSN: 554-87-8008 WWK: 5 CUSTOMER SERVICE ASSOC Mgr: 000000 PERIOD END: 4/25/07

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	4/12	8:50a	3:34p	4:07p	6:03p							8.75	. 0	. 0	. 0	8.75
FRI	4/13											. 0	. 0	. 0	. 0	. 0
SAT	4/14	8:59a	4:42p	5:12p	5:34p							8.00	. 0	. 0	. 0	8.00
SUN	4/15	8:58a	5:01p	5:37p	7:14p							9.75	. 0	. 0	. 0	9.75
MON	4/16											. 0	. 0	. 0	. 0	. 0
TUE	4/17	8:53a	4:31p	5:03p	6:08p							8.75	. 0	. 0	. 0	8.75
WED	4/18	8:49a	7:17p									10.50	. 0	. 0	. 0	10.50
												====				====
												45.75				45.75
THU	4/19	8:53a										. 0	. 0	. 0	. 0	. 0
FRI	4/20											. 0	. 0	. 0	. 0	. 0
SAT	4/21											. 0	. 0	. 0	. 0	. 0
SUN	4/22											. 0	. 0	. 0	. 0	. 0
MON	4/23											. 0	. 0	. 0	. 0	. 0
TUE	4/24											. 0	. 0	. 0	. 0	. 0
WED	4/25											. 0	. 0	. 0	. 0	. 0
												====				====
												45.75				45.75

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____

EXHIBIT N-2011

20:53:52 09/19/07 TIMESHEET

JOY PATRICKG LOC: 419 SSN: 554-87-8008 WK: 5 CUSTOMER SERVICE ASSOC Mgr: 000000 PERIOD END: 9/12/07

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	8/30	12:58p	7:03p									6.00	. 0	. 0	. 0	6.00
FRI	8/31											. 0	. 0	. 0	. 0	. 0
SAT	9/ 1	1:10p	5:33p	6:13p	7:40p							5.75	. 0	. 0	. 0	5.75
SUN	9/ 2	2:12p	6:57p									4.75	. 0	. 0	. 0	4.75
MON	9/ 3	9:14a	3:59p	4:33p	5:51p							8.00	. 0	. 0	. 0	8.00
TUE	9/ 4	3:57p	8:30p									4.50	. 0	. 0	. 0	4.50
WED	9/ 5	1:56p	2:36p	3:43p	7:36p							4.50	. 0	. 0	. 0	4.50
												=====				=====
												33.50				33.50
THU	9/ 6	9:10a	5:13p									8.00	. 0	. 0	. 0	8.00
FRI	9/ 7	8:58a	3:00p									6.00	. 0	. 0	. 0	6.00
SAT	9/ 8	9:03a	12:18p									3.25	. 0	. 0	. 0	3.25
	9/ 9	7:31a	3:19p	3:48p	4:08p							8.25	. 0	. 0	. 0	8.25
MON	9/10											. 0	. 0	. 0	. 0	. 0
TUE	9/11	8:56a	3:21p	3:51p	4:30p	4:31p	5:13p					7.75	. 0	. 0	. 0	7.75
WED	9/12	8:56a	2:32p	3:01p	4:23p							7.00	. 0	. 0	. 0	7.00
												=====				=====
												40.25				40.25
												=====				=====
												73.75				73.75

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____

EXHIBIT O-2011

03:00:24

09/27/07

TIMESHEET

WEDNESDAY PATRICKG LOC: 419 SSN: 554-87-8008 WK: 5 CUSTOMER SERVICE ASSOC Mgr: 000000 PERIOD END: 9/26/07

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	9/13	8:57a	3:13p	3:45p	5:30p							8.00	. 0	. 0	. 0	8.00
FRI	9/14	8:59a	2:07p									5.25	. 0	. 0	. 0	5.25
SAT	9/15											. 0	. 0	. 0	. 0	. 0
SUN	9/16	8:57a	4:18p	4:47p	5:33p							8.00	. 0	. 0	. 0	8.00
MON	9/17											. 0	. 0	. 0	. 0	. 0
TUE	9/18	8:59a	4:09p	4:38p	5:32p							8.00	. 0	. 0	. 0	8.00
WED	9/19	9:02a	2:01p	2:33p	5:25p							7.75	. 0	. 0	. 0	7.75
												====				====
												37.00				37.00
THU	9/20	8:42a	3:12p	3:41p	5:09p							8.00	. 0	. 0	. 0	8.00
FRI	9/21	8:28a	2:02p	2:29p	4:13p							7.25	. 0	. 0	. 0	7.25
SAT	9/22											. 0	. 0	. 0	. 0	. 0
SUN	9/23	7:58a	1:58p	2:29p	5:08p							7.00	1.75 TRAIN	. 0	. 0	8.75
MON	9/24											. 0	. 0	. 0	. 0	. 0
TUE	9/25	8:26a	2:06p	2:36p	5:01p							8.00	. 0	. 0	. 0	8.00
WED	9/26	8:50a	1:39p	2:09p	5:16p	8:07p	9:39p					8.25	1.25 TRAIN	. 0	. 0	9.50
												====				====
												38.50				41.50
												====				====
												75.50				78.50

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____

EXHIBIT P-2011

17:36:40 11/14/07

TIMESHEET

KENNEDY PATRICKG LOC: 419 SSN: 554-87-8008 WWK: 5 CUSTOMER SERVICE ASSOC Mgr: 000000 PERIOD END: 11/ 7/07

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	10/25	9:00a	2:07p									5.00	. 0	. 0	. 0	5.00
FRI	10/26											. 0	. 0	. 0	. 0	. 0
SAT	10/27											. 0	. 0	. 0	. 0	. 0
SUN	10/28											. 0	. 0	. 0	. 0	. 0
MON	10/29	12:50p	6:00p	6:29p	9:43p							8.50	. 0	. 0	. 0	8.50
TUE	10/30	8:59a	3:09p	3:40p	5:31p							7.25	.75 TRAIN	. 0	. 0	8.00
WED	10/31	8:59a	2:17p	2:47p	5:28p							8.00	. 0	. 0	. 0	8.00
												=====				=====
												28.75				29.50
THU	11/ 1	8:57a	1:59p	2:34p	5:15p							7.75	. 0	. 0	. 0	7.75
FRI	11/ 2	8:47a	1:53p	2:24p	5:12p							8.00	. 0	. 0	. 0	8.00
SAT	11/ 3	8:30a	1:38p	2:09p	4:59p							8.00	. 0	. 0	. 0	8.00
SL	/ 4											. 0	. 0	. 0	. 0	. 0
MON	11/ 5											. 0	. 0	. 0	. 0	. 0
TU	11/ 6	8:54a	2:53p	3:22p	5:33p							8.25	. 0	. 0	. 0	8.25
WED	11/ 7	8:57a	2:28p	2:58p	5:26p							8.00	. 0	. 0	. 0	8.00
												=====				=====
												40.00				40.00
												=====				=====
												68.75				69.50

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____



EXHIBIT P1-2011

CIRCUIT CITY PAYROLL PO BOX 31666 CHARLOTTE, NC 28231-1666 1-800-288-6353		Pay Group: HLS WC Hourly Business Unit: USANA Employee ID: 10347127 Department: 041900 Woodland Hills SS Location: CA Woodland Hills		Pay Begin Date: 03/20/2008 Check #: 4976765 Pay End Date: 03/20/2008 Check Date: 03/21/2008	
PATRICK GERALD KENNEDY P.O. Box 280281 Northridge, CA 91328-0000				TAX DATA: Federal CA State Marital Status Single Single, or Marri Allowances: 1 1 Addl. Pct: Addl. Amt:	

HOURS AND EARNINGS						TAXES		
Description	Current			YTD		Description	Current	YTD
	Rate	Hours	Earnings	Hours	Earnings			
Average Overtime	5.875000	2.25	13.22	17.75	104.29	Ped Withholding	0.00	496.76
Regular Hourly	11.750000	9.00	105.75	446.75	5,249.33	Ped MED/EE	1.72	83.76
Training			0.00	10.50	123.38	Ped OASDI/EE	7.38	358.15
Prize Award			0.00		338.25	CA Withholding	0.00	69.79
						CA SDI PTDI	0.95	46.21
Total:		11.25	118.97	475.00	5,477.00	Total:	10.05	1,054.67

BEFORE TAX DEDUCTIONS			AFTER TAX DEDUCTIONS			PTO Plan	
Description	Current	YTD	Description	Current	YTD		
Employee Dental	0.00	38.63				PY PTO	
						Earned	0.00
						Taken	0.00
						Balance	104.81
						Current PTO	
						Earned	0.00
						Taken	0.00
						Balance	0.00
						IMPUTED INCOME	
						Current:	0.00
Total:	0.00	38.63	Total:	0.00	0.00	YTD:	0.00

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	118.97	118.97	10.05	0.00	108.92
YTD:	5,477.00	5,776.62	1,054.67	38.63	4,383.70

MESSAGE VERIFY YOUR PERSONAL INFO FOR 2007 W2 ACCURACY

▼ FOLD AND TEAR HERE ▼

NO PTO AT THE RATE OF .097
 FOR EVERY HOUR HAS BEEN ADDED TO
 CLIMAX'S PTO BANK - ON GOING
 PROBLEM

EXHIBIT P3-2011

PAGE 2 OF 5

Circuit City Stores, Inc.

Standard Operating Policies 05/06/08
Supercedes: 02/28/08

Paid Time Off (PTO)

- 3) PTO accruals are based on hours worked, status (Regular Full- or Regular Part-time), and years of service as outlined below:

Accrual Schedule	
Years of Service	Accrual Rate Per Hours Worked
Regular Full-time Associates	
Less than 5	0.097
5 to less than 15	0.121
15 or more	0.145
Regular Part-time Associates	
Less than 5	0.024
5 to less than 15	0.032
15 or more	0.048

Note: Accrual of PTO hours is calculated by multiplying actual hours worked by the accrual rate. For example: A Regular Full-time associate who has worked for the company for less than 5 years and who worked 35 hours a week during a two week pay period would earn 6.79 PTO hours for that pay period. $35 \text{ (hours worked)} \times 0.097 \text{ (accrual rate)} \times 2 \text{ weeks (pay period)} = 6.79 \text{ PTO hours}$.

The chart below shows expected annual accruals for a Full-time associate who regularly works 40 hours a week and expected accruals for a Part-time associate who regularly works 20 hours a week. PTO hours will not count toward accruals of additional PTO hours. These are only estimates, not guarantees, as each Associate's earned PTO hours are calculated on actual hours worked.

Average Accrued PTO (Yearly)	
Regular Full-time (based on 40 hour workweek)	
Less than 5 years of service	23 Days (184 hours)
5 to less than 15 years	28 Days (224 hours)
15 or more years	33 Days (264 hours)
Regular Part-time (based on 20 hour workweek)	
Less than 5 years of service	6 Days (24 hours)
5 to less than 15 years	8 Days (32 hours)
15 or more years	12 Days (48 hours)

SCHEDULING PTO

- 1) Associates may only take PTO that is accrued and has posted to their PTO balance. There is a one pay period time lag before accrued PTO is available for use. Associates may not "borrow" against expected accruals, creating a negative balance of PTO hours. For example: An associate who has not accrued sufficient PTO but wishes to take a day off may request time off. However, if the associate's manager approves the time off, it would be either unpaid, or partially paid with whatever PTO balance is available.
- 2) Associates must have their manager's approval prior to taking PTO.

Suggested Guideline: managers should clearly communicate expectations regarding the submission and approval of PTO requests. PTO requests should be submitted, in writing, with sufficient time (2 to 4 weeks in advance, depending upon departmental needs) for management to make necessary scheduling changes and to plan to meet

EXHIBIT P4-2011

PAGE 4 OF 8

Circuit City Stores, Inc.
Circuit City Stores, PR, LLC
Standard Operating Policies 05/28/08
Supersedes 11/06/07

Scheduling, Attendance and Timesheet Reporting

- 2) Managers and supervisors will be required to maintain an Associate Attendance Tracking Sheet (Exhibit C) for each associate. The Associate Attendance Log is available on ccity under Online Forms. The Associate Attendance Tracking Sheet is to be maintained in an attendance binder with the Store Director for a 12 month rolling calendar.
- 3) Managers and supervisors are not to write any additional information on this sheet e.g. reason why associate was sick or why they failed to show for work. This is private information between the manager and the associate.

TIMESHEET REVIEW

- 1) Managers and supervisors are accountable for reviewing their associate timesheets prior to transmission to payroll.
- 2) Managers and supervisors are accountable for identifying discrepancies between scheduled hours and actual worked hours. If coaching is necessary, a manager must perform the coaching as described in the Performance Management SOP.
- 3) **The Store Director is accountable for auditing this process weekly.**

TIMESHEET RETENTION

- 1) All store associates must sign a hard copy of the timesheets. These timesheets are to be kept on file in the store for three years as outlined in the *Store Filing and Report Retention Policy*. Timesheet retention is to be reviewed by the HR manager or district staff members during store visits.

DISTRICT MANAGEMENT RESPONSIBILITIES

- 1) DOM: Identify stores with a Coverage Summary (SP) less than 90%, a CC Score of less than 80% and a labor to budget +/- 1%.
- 2) HR or DM: Review associate timesheets during store visits to determine if associates are following their schedules.
- 3) HR or DM: Review the Associate Attendance Tracking Sheet and the associate's personnel file to determine that performance management steps are being taken as appropriate.
- 4) HR or DM: Review Staffing Variance report in Attached Reports on ccity to determine if store is staffed to budget.
- 5) All District Management: Provide stores with feedback and training as needed.

MANAGING THE INPUTS THAT DELIVER THE BEST RESULTS

- 1) Store management to review availabilities and attendance expectations with each associate quarterly.
- 2) DM and DHRM review – each store once per week:
 - Review Associate Required Hours vs. Scheduled Hours in ccity and address any issues.
 - Address locations with low CC scores to identify root cause and effect; associate availability, staffing mix, call outs, etc.

ADDITIONAL RESOURCES

All of the below reference materials are available on the Store Training Library. Start by selecting Management, choose Store Systems and Processes, and under Training Resources you will find:

- 1) Guide to ESS and Hours Management

EXHIBITS:

Exhibit A: Scheduling Guidelines
Exhibit B: Floor Leader/MOD Hierarchy
Exhibit C: Associate Attendance Tracking Sheet (Available in Online Forms)

EXHIBIT Q-2011

17:44:40

11/28/07

TIMESHEET

EDY PATRICKG LOC: 419 SSN: 554-87-8008 WKK: 5 CUSTOMER SERVICE ASSOC Mgr: 000000 PERIOD END: 11/21/07

AY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
HU	11/ 8	8:29a	2:05p	2:38p	4:58p							8.00	. 0	. 0	. 0	8.00
RI	11/ 9											. 0	. 0	. 0	. 0	. 0
SAT	11/10	7:50a	1:11p	1:40p	4:16p							8.00	. 0	. 0	. 0	8.00
SUN	11/11	7:54a	1:11p	1:41p	4:22p							8.00	. 0	. 0	. 0	8.00
MON	11/12											. 0	. 0	. 0	. 0	. 0
TUE	11/13	8:55a	2:09p	2:38p	5:29p							8.00	. 0	. 0	. 0	8.00
WED	11/14	8:31a	2:54p	3:26p	5:00p							8.00	. 0	. 0	. 0	8.00
												=====				=====
												40.00				40.00
THU	11/15	8:53a	2:29p	2:57p	5:18p							8.00	. 0	. 0	. 0	8.00
FRI	11/16	8:34a	1:30p	2:01p	4:13p							7.25	. 0	. 0	. 0	7.25
SAT	11/17	9:01a	2:06p	2:35p	5:29p							8.00	. 0	. 0	. 0	8.00
MON	11/18	4:24p	10:16p									5.75	. 0	. 0	. 0	5.75
MON	11/19											. 0	. 0	. 0	. 0	. 0
TUE	11/20	8:12a	1:09p	1:38p	4:40p							8.00	. 0	. 0	. 0	8.00
WED	11/21											. 0	. 0	. 0	. 0	. 0
												=====				=====
												37.00				37.00
												=====				=====
												77.00				77.00

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____

EXHIBIT R-2011

10:09:04 02/01/08

TIMESHEET

KENNEDY PATRICKG LOC: 419 SSN: 554-87-8008 WVK: 5 CUSTOMER SERVICE ASSOC Mgr: 000000 PERIOD END: 1/30/08

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	1/17	8:54a	2:02p	2:31p	5:40p							8.25	. 0	. 0	. 0	8.25
FRI	1/18											. 0	. 0	. 0	. 0	. 0
SAT	1/19	8:58a	2:11p	3:08p	6:01p							8.00	. 0	. 0	. 0	8.00
SUN	1/20	9:05a	4:21p	5:21p	6:03p							5.00	3.00 TRAIN	. 0	. 0	8.00
MON	1/21	11:54a	3:01p									. 0	3.00 TRAIN	. 0	. 0	3.00
TUE	1/22	8:30a	2:02p									5.00	.50 TRAIN	. 0	. 0	5.50
WED	1/23	8:29a	2:05p	2:38p	5:01p							6.00	2.00 TRAIN	. 0	. 0	8.00
												=====				=====
												32.25				40.75
THU	1/24	9:00a	1:07p	1:36p	5:35p							8.00	. 0	. 0	. 0	8.00
FRI	1/25											. 0	. 0	. 0	. 0	. 0
SAT	1/26	8:58a	1:02p	2:03p	6:03p							8.00	. 0	. 0	. 0	8.00
SUN	1/27	11:59a	3:08p	3:37p	6:02p							5.50	. 0	. 0	. 0	5.50
MON	1/28											. 0	. 0	. 0	. 0	. 0
TUE	1/29	8:58a	1:06p									4.25	. 0	. 0	. 0	4.25
WED	1/30	8:58a	1:41p	2:10p	5:04p							7.50	. 0	. 0	. 0	7.50
												=====				=====
												33.25				33.25
												=====				=====
												65.50				74.00

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____

Department of Industrial Relations

DIVISION OF LABOR STANDARDS ENFORCEMENT

6150 Van Nuys Boulevard, Room 206

Van Nuys, CA 91401

Tel: (818) 901-5315 Fax: (818) 901-5307

March 13, 2008



Kristin P. Walinski, Legal Department
Circuit City Stores, Inc.
9954 Mayland Dr
Richmond, VA 23233-1464

Reply to: 17 - 48252 SJ

RE: Patrick Gerald Kennedy v. Circuit City Stores, Inc.

Attention: Kristen

Please see copy of Plaintiff's letter dated March 1, 2008 requesting copies of his timeclock records.

Please send to the Plaintiff direct with a copy of the cover letter to me.

Thanks.

Very truly yours,



SUSAN A. JOHNSON
DEPUTY LABOR COMMISSIONER

Enclosure

cc: Plaintiff 

EXHIBIT R2-2011

Untitled

Dear Circuit City/Payroll/Records,
RE: IBM 283268/PS 10347127

March 15th, 2008

This is (yet) another official request in writing for copies of all my personal records from the entire time I have been employed at Circuit City Woodland Hills (Store 0419), anything and everything that is in my personnel file and complete copies of all clock in and clock outs (I.E. Time sheets since these have my name and social security number on them and are documents used in timekeeping and/or payroll and I am legally entitled to copies of them) up until the date you actually mail them to me. I also want to make sure you send me copies of all my employee reviews/raises and written documentation stating exactly how said reviews/raises are evaluated/granted (Pay caps, etc). You can send all information to the below listed address. I thank you for your time and effort on my behalf and look forward to a prompt reply to my written request.

Sincerely,



Patrick Gerald Kennedy
PO BOX 280281
Northridge, Ca 91328-0281
patgenken@yahoo.com

EXHIBIT R3-2011

PERSONNEL FILE(S) REQUEST.txt

Dear Circuit City Records Department,
2007

December 20th,

RE: Personnel File(s) Request

I have tried a few times to get copies of my records/personnel file(s) and been told by managers to call the 800 number which I have done several times to no avail. It is apparently outsourced to India and they are not very helpful and/or do not seem to understand what it is I am requesting. So I am writing to the address that the Circuit City HR employee resource web page tells us to write to if we need our personnel files/documents. As such I wanted to formally request copies of all my personnel files for the entire time I have been employed with Circuit City. I started working in October 2006 and currently still work at the Woodland Hills, California store number 0419. My full name is Patrick Gerald Kennedy and my employee number is 263268 and my IBM/Peoplesoft number is 10347127. You can send all requested materials to the below mailing address. I thank you for your time and effort on my behalf and look forward to hearing from you very soon.

Sincerely,



Patrick Gerald Kennedy
PO BOX 280281
NORTHRIDGE, CA 91328-0281
(818) 793-6643
patgenken@yahoo.com

EXHIBIT R4-2011

PERSONNEL FILE REQUEST
SENT VIA CERTIFIED
OR REGISTERED MAIL

U.S. Postal Service™ Delivery Confirmation™ Receipt

Postage and Delivery Confirmation fees must be paid before mailing.

Article Sent To: (to be completed by mailer)

(Please Print Clearly)

Postmark
Here

POSTAL CUSTOMER:

Keep this receipt. For inquiries:
Access internet web site at
www.usps.com®
or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)

- ☐ Priority Mail™ Service
☐ First-Class Mail® parcel
☐ Package Services parcel

(See Reverse)

PS Form 152, May 2002

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

CHARLOTTE, NC 28256

OFFICIAL USE

Postage	\$	\$0.41
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$2.15
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.21

0165

Postmark
Here

Sent To

CIRCUIT CITY RECORDS MANAGEMENT

Street, Apt. No.,
or PO Box No. PO BOX 563986

City, State, ZIP+4
CHARLOTTE, NC 28256-3986

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: RECORDS
CIRCUIT CITY MANAGEMENT
PO BOX 563986
CHARLOTTE, NC

28256-3986

2. Article Number
(Transfer from service label)

7007 2560 0000 7687 7318

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

3/24

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Contact Information
Associate Service Center
(800) 288-6353

Hours: Monday – Friday 8:00 a.m. to 6:00 p.m. EST

Department	Fax	E-mail	Address
Payroll and Records Management		circuitcity.hrservices@hewitt.com	
Benefits <ul style="list-style-type: none"> • Annual Enrollment • Health & Welfare • Leave of absence • 401K • Separation • Survivor Administration 	1-281-298-0845	circuitcity.hrservices@hewitt.com	Circuit City P.O. Box 563986 Charlotte NC 28256-3986
Technical Support <ul style="list-style-type: none"> • AS/400 • PeopleSoft HR • Data/Reporting Request • Circuit City myHR • Ceridian • Security 		circuitcity.ctc@hewitt.com	

If you have any questions about where to fax or mail forms, please call the Associate Service Center

EXHIBIT S-2011

14:08:48

02/06/08

TIMESHEET

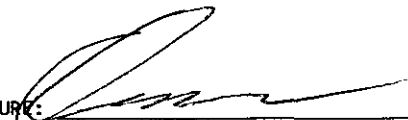
EDY PATRICKG LOC: 419 SSN: 554-87-8008 WNK: 5 CUSTOMER SERVICE ASSOC Mgr: 000000 PERIOD END: 1/30/08

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	1/17	8:54a	2:02p	2:31p	5:40p							8.25	. 0	. 0	. 0	8.25
FRI	1/18											. 0	. 0	. 0	. 0	. 0
SAT	1/19	8:58a	2:11p	3:08p	6:01p							8.00	. 0	. 0	. 0	8.00
SUN	1/20	9:05a	4:21p	5:21p	6:03p							5.00	3.00 TRAIN	. 0	. 0	8.00
MON	1/21	11:54a	3:01p									. 0	3.00 TRAIN	. 0	. 0	3.00
TUE	1/22	8:30a	2:02p									5.00	.50 TRAIN	. 0	. 0	5.50
WED	1/23	8:29a	2:05p	2:38p	5:01p							6.00	2.00 TRAIN	. 0	. 0	8.00
												=====				=====
												32.25				40.75
THU	1/24	9:00a	1:07p	1:36p	5:35p							8.00	. 0	. 0	. 0	8.00
FRI	1/25											. 0	. 0	. 0	. 0	. 0
SAT	1/26	8:58a	1:02p	2:03p	6:03p							8.00	. 0	. 0	. 0	8.00
	1/27	11:59a	3:08p	3:37p	6:02p							5.50	. 0	. 0	. 0	5.50
MON	1/28											. 0	. 0	. 0	. 0	. 0
TUE	1/29	8:58a	1:06p									4.25	. 0	. 0	. 0	4.25
WED	1/30	8:58a	1:41p	2:10p	5:04p							7.50	. 0	. 0	. 0	7.50
												=====				=====
												33.25				33.25
												=====				=====
												65.50				74.00

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____



03:08:56

03/13/08

TIMESHEET

KENNEDY PATRICKG LOC: 419 SSN: 554-87-8008 WNK: 5 CUSTOMER SERVICE ASSOC Mgr: 000000 PERIOD END: 3/12/08

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	2/28	8:58a	1:32p	2:02p	5:30p							8.00	. 0	. 0	. 0	8.00
FRI	2/29											. 0	. 0	. 0	. 0	. 0
SAT	3/ 1	9:09a	1:23p	1:54p	5:30p							7.75	. 0	. 0	. 0	7.75
SUN	3/ 2	1:56p	5:29p	6:00p	9:02p							6.50	. 0	. 0	. 0	6.50
MON	3/ 3											. 0	. 0	. 0	. 0	. 0
TUE	3/ 4	8:58a	2:03p									5.00	. 0	. 0	. 0	5.00
WED	3/ 5	9:00a	12:33p	1:03p	3:23p							6.00	. 0	. 0	. 0	6.00
												=====				=====
												33.25				33.25
THU	3/ 6	9:00A	1:40p	2:11p	5:33p							8.00	. 0	. 0	. 0	8.00
FRI	3/ 7	4:00p	7:52p	8:23p	10:59p							6.50	. 0	. 0	. 0	6.50
SAT	3/ 8	9:22a	1:04p	1:35p	5:54p							8.00	. 0	. 0	. 0	8.00
SUN	3/ 9	2:00p	4:56p	5:30p	9:30p							7.00	. 0	. 0	. 0	7.00
MON	3/10											. 0	. 0	. 0	. 0	. 0
TUE	3/11	9:02a	2:03p									5.00	. 0	. 0	. 0	5.00
WED	3/12	8:58a	12:03p	12:35p	3:00p							5.50	. 0	. 0	. 0	5.50
												=====				=====
												40.00				40.00
												=====				=====
												73.25				73.25

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____

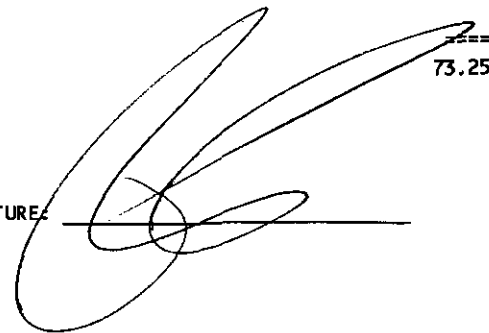


EXHIBIT T1-2011

PayFlex Systems USA, Inc. for
Circuit City
PO Box 2239
Omaha, NE 68103-2239

August 21, 2008

Mr. Patrick G Kennedy
Po Box 280281
Northridge, CA 91328

Dear Mr. Patrick Kennedy:

This notice contains important information about your right to continue your health care coverage in the Circuit City Group Health Plan (the Plan).

Please read the information contained in this notice very carefully. This notice provides important information concerning your rights and what you have to do to continue your health care coverage under the Plan for you and your covered dependents, if any, as defined on the enclosed Family Member Enrollment Form. If you have any questions concerning the information in this notice or your rights to coverage, you should contact:

PayFlex Systems USA, Inc.
PO Box 2239
Omaha, NE 68103-2239

If you do not elect to continue your health care coverage by completing the enclosed "Enrollment Form" and returning it to us, your coverage under the Plan will end on 08/01/2008 due to: **TERMINATION**

Each of the following qualified beneficiaries are being offered continuation under the Plan:
Mr. Patrick Kennedy

Because of the above event that will end your coverage under the Plan, you are entitled to continue your health care coverage for up to 18 MONTHS from your qualifying event date of 07/22/2008. If you elect to continue your coverage under the Plan, your continuation coverage will begin on 08/01/2008 and can last until 02/01/2010.

IMPORTANT – To elect continuation coverage, you MUST complete the enclosed "Enrollment Form" and return it to us. You may mail it to the address shown on the Enrollment Form. The completed Enrollment Form must be post-marked by 10/19/2008. If you do not submit a completed Enrollment Form by this date, you will lose your right to elect continuation coverage.

Also, since each covered dependents has the equal right to accept or decline the coverage being offered them, if not all members of your family who are eligible for the coverage offered wish to continue coverage, please indicate that as well on the Dependent/Family Member Enrollment Form, if enclosed. Should some but not all of your dependents wish to continue coverage, you are welcome to call the telephone number shown to obtain information about specific premium amounts due.

The total premiums due each month is shown on the Enrollment Form and on the Premium Computation Form. You should pay the total premium due at the time you send in the Enrollment Form in order to complete your enrollment and continue your coverage. However, you are allowed to delay the premium payment for up to forty-five days after you have signed, dated and submitted your Enrollment Form. Any claims submitted for expenses incurred following the date of the Qualifying Event may be held in suspense until all premiums which are due have been paid.

Future premiums are due on the first of each month thereafter, and should be mailed on or before the due date. Failure to pay premiums by premium due dates may terminate your participation in the Health Benefits Continuation Plan.

If you have any questions about the coverage, its length or the premiums due, please call PayFlex Systems USA, Inc. at (800)359-3921 during regular business hours.

Sincerely,

PayFlex Systems USA, Inc.

EXHIBIT T2-2011

August 21, 2008

PayFlex Systems USA, Inc. for
Circuit City
PO Box 2239
Omaha, NE 68103-2239

Principal Qualified Beneficiary:
Mr. Patrick G Kennedy

The Health Benefits Continuation Plan requires you to pay premiums according to the schedule shown below. The premium for the first partial month, if applicable, has been calculated for the remaining number of days in the month the Qualifying Event occurs.

Subsequent premiums are due each month, as shown. You must pay all initial premiums due within forty-five days of the day you sign and date the Enrollment Form.

Your Qualifying Event Date: 07/22/2008
Your Last Enrollment Date: 10/19/2008

Plan Description	Coverage Level	Premium
Aetna Dental DPO Plan	Single Only	\$21.42

Please note that the schedule of first payment shown below reflects the premium(s) due if all available plans listed above are being elected.

Schedule Of First Payment	Premium
Amount Due if Enrollment Form Signed And Received In Our Office: 08/31/2008	\$21.42
Amount Due if Enrollment Form Signed And Received In Our Office: 09/30/2008	\$42.84
Amount Due if Premium Paid Through.....:10/31/2008	\$64.26
Amount Due if Premium Paid Through.....:11/30/2008	\$85.68

Premiums must be paid by check or money order. PLEASE DO NOT SEND CASH.

Node: 0419

EXHIBIT T3-2011

Page: 1

From: PATRICKG KENNEDY[0419]

Subject: Time-Off Request

Date Created: Wed 05 Sep 04:58PM

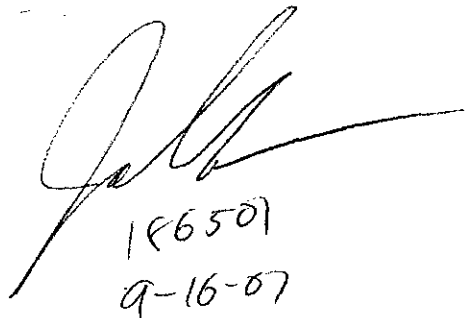
TO: JOHNCHA STROTE/186501@419@SMS

=====

DEAR JOHN, I SENT THIS IN A FEW TIMES BUT YOU SAID TO KEEP REMINDING YOU SINCE I HAD TURNED IN MY REQUEST SO LONG AGO AND YOU WERE AFRAID YOU MIGHT FORGOT. I WILL RETURN TO EUROPE AGAIN NEXT SUMMER AND BE GONE FOR ALMOST THE SAME AMOUNT OF TIME, JUST SLIGHTLY DIFFERENT DATES. I WILL BE GONE FRPM JUNE 20TH TILL AUGUST 20TH, OR THERE ABOUTS. I WILL HAVE ENOUGH PTO THE ENTIRE TIME I AM AWAY SO I WILL HAVE ENOUGH PTO FOR THE ENTIRE TIME I AM AWAY LIKE LAST TIME. THANK YOU VERY MUCH.

SINCERELY,

PATRICK GERALD KENNEDY



186501
9-16-07

EXHIBIT T4-2011



July 31, 2008

Patrick Kennedy
P.O. Box 280281
Northridge, CA 91328

Dear Patrick,

I am sending this letter to you because we are concerned that you failed to report to work or call the store to notify them of your absence. Our schedules indicate that you were scheduled to work 7/26, 7/27, 7/28, 7/29, and 7/30/08.

If you have been ill, please notify us as to how long you anticipate you will be out of work and provide us with a Doctor's note. You may qualify for short-term disability or FMLA (Family Medical Leave Act).

Unfortunately, if you do not notify a manager within 3 days of receipt of this letter, we will be forced to assume that you have voluntarily resigned your position at Circuit City Stores, Inc. Should you choose to voluntarily resign your position, please sign & date the enclosed *Change in Relationship Notice* and return it in the self addressed stamped envelope.

If you have any questions, please contact me at (818) 888-1212

Sincerely,

A handwritten signature in black ink that reads "Andrew Hochman" followed by a stylized flourish.

Andrew Hochman
Store Director, CC Stores, Loc. 419/Woodland Hills

EXHIBIT T5-2011

CIRCUIT CITY PAYROLL PO BOX 563986 CHARLOTTE, NC 28256-3986 1-800-288-6353		Pay Group: HRS WC Hourly Business Unit: USANA		Pay Begin Date: 07/31/2008 Pay End Date: 08/13/2008		Check #: 5254955 Check Date: 08/13/2008	
PATRICK GERALD KENNEDY P.O. Box 280281 Northridge, CA 91328-0000		Employee ID: 10347127 Department: 041900 Woodland Hills SS Location: CA Woodland Hills		TAX DATA: Federal CA State Marital Status Exempt Exempt Allowances: Addl. Pct: Addl. Amt:			

HOURS AND EARNINGS						TAXES			
Description	Current			YTD		Description	Current		YTD
	Rate	Hours	Earnings	Hours	Earnings				
Paid Time Off	12.100000	44.63	540.02	62.92	761.33	Fed Withholding	0.00	1,029.54	
Prior Year PTO			0.00	97.71	1,182.29	Fed MED/EE	7.73	212.59	
Regular Hourly			0.00	1,009.25	11,975.71	Fed OASDI/EE	33.06	909.01	
Average Overtime			0.00	19.75	116.12	CA Withholding	0.00	153.11	
Alert Bonus			0.00		162.13	CA SDI PTDI	4.26	117.29	
Prize Award			0.00		405.25				
Training			0.00	14.50	171.78				
PTO Hours Adjustment			0.00	7.10	83.43				
PYP Hours Adjustment			0.00	7.10	83.43				
Total:		44.63	540.02	1,204.13	14,369.36	Total:	45.05	2,421.54	

BEFORE TAX DEDUCTIONS			AFTER TAX DEDUCTIONS			PTO Plan	
Description	Current	YTD	Description	Current	YTD		
Employee Dental	6.78	113.21				PY PTO	
						Earned	0.00
						Taken	97.71
						Balance	0.00
						Current PTO	
						Earned	55.82
						Taken	62.52
						Balance	0.00
						IMPUTED INCOME	
						Current:	0.00
Total:	6.78	113.21	Total:	0.00	0.00	YTD:	0.00

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	540.02	533.24	45.05	6.78	488.19
YTD:	14,369.36	14,661.40	2,421.54	113.21	11,834.61

MESSAGE VERIFY YOUR PERSONAL INFO FOR 2007 W2 ACCURACY

▼ FOLD AND TEAR HERE ▼

CLAIMANT'S EMPLOYMENT WAS
TERMINATED 7-27-08 - CHECK IS
DATED 8-12-08

EXHIBIT T6-2011



CIRCUIT CITY PAYROLL
PO BOX 563986
CHARLOTTE, NC 28256-3986
1-800-288-6353

RETURN SERVICE REQUESTED



0000



91328

U.S. POSTAGE
PAID
WOODLAND HILLS, CA
91367
AUG 15, 08
AMOUNT

\$3.12

00085552-16

008 1140 0000 9575 2544

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



008 1140 0000 9575 2544

PATRICK GERALD KENNEDY
P.o. Box 280281
Northridge, CA 91328-0000

91328+0281



8-16

A. H. T. J. K. -
A. H. T. J. K. -
A. H. T. J. K. -

PHYSICAL CHECK IS
MAILED TO THE CLAIMANTS
PO BOX. POSTMARK IS AUGUST
15TH 2008. CHECK ARRIVES POST
30 DAY CAP FOR LABOR CODE 203

02:40:28

06/05/08

TIMESHEET

KENNEDY PATRICKG LOC: 419 SSN: 554-87-8008 WK: 5 CUSTOMER SERVICE ASSOC Mgr: 000000 PERIOD END: 6/ 4/08

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	5/22	8:59a	12:07p	12:39p	5:37p							8.00	. 0	. 0	. 0	8.00
FRI	5/23											. 0	. 0	. 0	. 0	. 0
SAT	5/24	8:55a	1:03p	1:38p	5:24p							8.00	. 0	. 0	. 0	8.00
SUN	5/25	8:59a	1:58p	3:03p	6:00p							8.00	. 0	. 0	. 0	8.00
MON	5/26	2:58p	8:01p									5.00	. 0	. 0	. 0	5.00
TUE	5/27	8:58a	1:57p	2:49p	4:02p							6.25	. 0	. 0	. 0	6.25
WED	5/28	9:15a	1:57p									4.75	. 0	. 0	. 0	4.75
												40.00				40.00
THU	5/29	9:01a	12:22p	12:59p	5:42p							8.00	. 0	. 0	. 0	8.00
FRI	5/30											. 0	. 0	. 0	. 0	. 0
SAT	5/31	9:02a	1:51p	2:23p	5:27p							8.00	. 0	. 0	. 0	8.00
SUN	6/ 1	8:58a	1:56p	2:27p	5:26p							8.00	. 0	. 0	. 0	8.00
MON	6/ 2											. 0	. 0	. 0	. 0	. 0
TUE	6/ 3	8:59a	1:33p	2:03p	5:24p							8.00	. 0	. 0	. 0	8.00
WED	6/ 4	8:07a	1:02p	1:32p	4:31p							8.00	. 0	. 0	. 0	8.00
												40.00				40.00
												80.00				80.00

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____



EXHIBIT V-2011

Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

Patrick Gerald Kennedy Patrick Gerald Kennedy (Declarant), am a resident of Northridge, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (OCT 2006-JULY 2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. Management even went so far as to illegally alter employee time clocks to show they had taken a lunch when in fact they had not been able to. They have also refused to furnish me and my co workers with copies of our time sheets and/or other paperwork that would prove wrong doing on their part and this illicit behavior continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,

Patrick Gerald Kennedy 1-12-09
Signature of Declarant DATE
(818) 793-6643
patgenken@yahoo.com

Hand
Witnessed by

01-12-2009
DATE

EXHIBIT W-2011



Circuit City Stores, Inc.

FY08 Merit Compensation Statement

Current Information

Employee Name	Kennedy, Patrick Gerald
Hire Date	10/01/2006
Current Job Title	Customer Service Assoc
Manager Name	Particelli, Ronald Anthony

Base Pay Increases

Effective Date	04/24/2008
Current Base Pay	\$11.75
Performance Rating	Superior Performance
Merit Increase Amount	\$0.35
Increase Percent	2.98%
New Salary	\$12.10

Please note, if you are a Corporate Associate, your merit will be effective 4/25/2008.

Transmission Log

No Station Name

Thursday, 2007-03-29 20:33

No Station Number

Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
09978	2007-03-29	20:33	0:43	14400	Hewitt Associates	SCAN	1	OK -- V.17 AM11

CIRCUIT CITY
Fax Timesheet to: (281) 298-0845

HOURLY TIME SHEET
NAME: Darick Kennedy JOB TITLE: CSA
LOCATION # 0419 PERIOD ENDING MARCH 28TH 2007

SOCIAL SECURITY # 551-87-8008

DAYS	DATE	IN	OUT	IN	OUT	REG	OT	PTO	FUNER	REMOD	WEATH	MISC	TOTAL
THU													
FRI													
SAT													
SUN	3-19-06	12:00	4:00										
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													

BI-WEEKLY TOTAL

MANAGER'S COMMENTS: Weeks Project Open Box promotion ended

EMPLOYEE PRINTED NAME: Darick Kennedy EMPLOYEE SIGNATURE: [Signature]

MANAGER'S PRINTED NAME: John Stoly MANAGER'S SIGNATURE: [Signature] DATE: 3-29-07

I HEREBY CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED BY ME DURING THE INDICATED PERIOD.

Transmission Log

No	Station Name	Wednesday, 2007-04-18 18:11				No	Station Number	
Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
10489	2007-04-18	18:11	0:29	14400	Hewitt Associates	SCAN	1	OK -- V.17 AM11

PLEASE CONTACT STORIE 0419
BY FAX OR PHONE (818) 888-1212
PHONE
(818) 888-7085
FAX

EM 283268
SS# 554-87-8008
FAYCHECKS IS
OFF
RAISE SHOULD HAVE BEEN IN EFFECT
FAXED W HOURS (6) MISSING
DOUBLE TIME & OVERTIME MISSING -

PLEASE CONTACT EMPLOYEE

PATRICK GERAUD KENNEDY -

WE NEED A PHONE # TO
CONTACT YOU DIRECTLY

Thanks you